

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Thursday, 3rd May, 2018 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor B Dooley (Vice-Chairman)

Councillors Rhoda Bailey, G Baxendale, S Brookfield, E Brooks, S Edgar, I Faseyi, L Jeuda, J Rhodes, L Smetham, A Stott and M Warren

105 **APOLOGIES FOR ABSENCE**

Councillors S Gardiner, S Pochin and O Hunter.

106 **ALSO PRESENT**

Jill Broomhall, Director of Adults and Social Care: Cheshire East Council
Fiona Reynolds, Director of Public Health: Cheshire East Council

Neil Evans, Commissioning Director: Eastern Cheshire Clinical Commissioning Group

Brian Green, Deputy Director of Nursing, Performance and Quality: East Cheshire NHS Trust

Julia Cottier, Service Director- Central and East Cheshire: Cheshire & Wirral Partnership
Audrey Jones, Head of Clinical Governance: Cheshire & Wirral Partnership

Kate Daly-Brown, Deputy Director of Nursing & Quality
Julie Tunney, Director of Nursing & Quality: Mid Cheshire Hospitals Foundation Trust

107 **MINUTES OF PREVIOUS MEETING**

Councillor S Brookfield noted the omission that Councillor J Bratherton and M Grant both substituted at the meeting on the 12th April.

Councillor B Dooley noted the typo under minute 104 in the second paragraph should have read 'commissioners'.

RESOLVED: That the minutes of the meeting held on the 12 April 2018 be confirmed as a correct record and signed by the Chairman.

108 **DECLARATIONS OF INTEREST**

Councillor Janet Clowes declared a disclosable pecuniary interest in her role as a Governor at Mid Cheshire Hospital Foundation Trust.

109 **DECLARATION OF PARTY WHIP**

There were no declarations of the existence of a party whip.

110 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public who wished to speak.

111 **FUTURE ARRANGEMENTS FOR EASTERN CHESHIRE DERMATOLOGY CONTRACT**

Neil Evans, Commissioning Director at Eastern Cheshire Clinical Commissioning Group, attended the Committee to brief Members on an emerging and serious risk to the current service provided by Vernova; in respect of the dermatology contract across East Cheshire.

When Vernova was initially awarded the contract, it was the only bid received, the market was limited and there were limited opportunities for choice. From a clinical context there have been no issues with either quality or provision by Vernova.

On April 5 2018, Vernova served 12 months notice on the contract, at the current rate of spend it is likely to become insolvent faster than the 12 months leaving no provision of service for East Cheshire.

Neil explained that neighbouring arrangements for dermatology are also stretched. Salford Royal serve the entire area of Manchester, and whilst there could be scope to extend into Cheshire, it would only include the immediate areas of Disley and Poynton. Likewise, Royal Stoke had little capacity for East Cheshire.

Short term proposals included reducing the losses to Vernova to reduce the risk of insolvency and enable more time for another provider to be found.

Vernova currently rent or own it's premises, however there were some in Congleton and Knutsford where a sub contracted arrangement was in place at a high cost. Potentially Vernova could pull out of these arrangements but this would adversely impact patients in the Congleton and Knutsford area, this equated to 1,990 patients a month, 24,000 appointments a year, approximately 12% of the total number of patients.

Neil explained that there were financial areas of the business that Vernova could be reduced for example, patients with Alopecia were entitled, under the NHS, to the provision of a wig. Currently Vernova pick up the costs however much they are. A revised proposal would ensure a more moderate policy.

Approximately 40 patients per year received Photodynamic Therapy (PDT) services at the Knutsford site. Salford Royal would accept patients for this service and any new referrals could go to Salford potentially reducing some financial savings. Patients do travel for dermatology services so signposting to Salford would not be an inappropriate course of action.

Vernova has also agreed to consult on organisational change to deliver savings related to staff of £90k per year.

The Committee noted that Vernova is a relatively small organisation and the dermatology service is large, whilst some funding had gone in to support the organisation, it had not made much impact. It was also considered that the ambition of Vernova could have impacted on their achievable delivery.

The Committee asked Neil what had changed with the service since the contract had been awarded. Neil advised that assumptions had been made, which included the cost of buildings. Additionally histology costs had proved to be more expensive than expected, these costs are smaller for NHS Trusts that had hospitals with in-house laboratory provision, however Vernova had to pay for this service.

The Committee asked if an NHS Trust could provide the lab service for histology, Neil explained that Mid Cheshire Hospital Foundation Trust was a shared service but there were capacity issues. The price was on a par with the current service provision in Manchester.

RESOLVED:

- (a) That Neil be thanked for his attendance and presentation;
- (b) That Neil keep the Committee updated on progress post June to advise on the current position;
- (c) That this Committee undertake either a 3 or 6 month review depending on the speed of progress.

112 QUALITY ACCOUNTS PRESENTATION: EAST CHESHIRE NHS TRUST

Brian Green, Deputy Director for Nursing, Performance and Quality attended the meeting to present the Quality Account for East Cheshire NHS Trust.

Brian gave the Committee an overview of progress from the previous year, highlights included improved learning and promotion of Sepsis, Palliative and end-of-life experiences for patients. One of the main highlights was that the Trust's Maternity Department was one of four, nationally, that performed 'better than expected' in the Care Quality Commission (CQC) Maternity Services Survey 2017.

The Trust achieved against all four priorities: harm free care, improving outcomes, listening and responding and integrated care.

The Committee were advised that there were two sets of Commissioning for Quality and Innovation (CQUIN) targets. One related to NHS England and the others were specific to the Trust. The Trust had achieved the uptake of flu vaccinations for front line staff within Providers, an improvement on last year.

The timely identification of Sepsis in Emergency Departments (ED) and acute inpatient settings had seen a partial improvement in the ED but there had been substantial improvements in the last quarter, the Trust had been working to get this back on track. The introduction of a Sepsis bundle, a grab-bag of questions and medication had been trialled across the Trust to enable patients to be treated as soon as possible if they presented any signs of Sepsis.

Brian advised the Committee that there had been improved management of intravenous (IV) lines because there had been two cases of Methicillin-resistant Staphylococcus aureus (MRSA) that were directly traced back to IV lines.

The Care Quality Commission (CQC) had rated the Trust as Good in February this year with areas of outstanding practice including the community end-of-life care.

The Committee noted that nationally there should be more publicity on Sepsis given the speed at which the condition needed to be treated. Brian advised the Committee that the Trust had a Nurse Consultant lead that worked with medical practitioners and there was an identified nurse on each shift to implement the Sepsis bundle where needed.

RESOLVED:

- (a) That Brian be thanked for his presentation and that the Quality Account 2017/18 be received and noted; and
- (b) That Helen Davies Scrutiny Officer submit the official letter of response from this Committee for inclusion with the Trust's Quality Account.

113 QUALITY ACCOUNTS PRESENTATION: CHESHIRE & WIRRAL PARTNERSHIP

Julia Cottier, Service Director- Central and East Cheshire and Audrey Jones, Head of Clinical Governance attended the meeting to present the Cheshire and Wirral Partnership (CWP) Quality Account 2017/18.

The Committee were advised that CWP provides services across Wirral and Cheshire, but specifically for Cheshire East services included Learning Disability, Adult Mental Health, Substance Misuse and Increasing Access to Psychotherapy Services (IAPT). IAPT services had dropped between 2016/17 (41,656) and 2017/18 (20,457) Julia advised this was because this service was only being delivered in the south of the borough but there are plans to expand it to Children and Young People (CYP)..

In terms of inpatient activity, CWP were slightly above the national average for patients with no fixed abode. CWP faced other challenges that related to inpatients such as a 92% bed occupancy, where the national guidance was 85%, 30% fewer home treatment staff and avoiding a 'turnaway' situation, that meant that any person who needed an inpatient bed should get one.

Julia advised the Committee that the child and adolescent mental health services (CAMHS) had faced external changes in Third Sector organisations such as grant cuts and decommissioned services.

In terms of the CWP workforce, sickness was in line with the national average, but both turnover of staff and the use of bank or agency staff was less than half of the national average. The types of challenges facing the work force included the national shortage of key Mental Health professionals such as consultant psychiatrist and nursing roles.

New developments included a CAMHS crisis line that would operate up to 10pm in the week and over the weekend across Cheshire and Wirral.

Julia gave some examples of quality improvement over the year, the Substance Misuse Service (SMS) worked on a project to prevent avoidable drug related deaths by training non-medical professionals to administer naloxone when a person was overdosing. Also, Trust staff had shared best practice at a number of Dementia Friends sessions and events to celebrate Nurses Day and Dementia Awareness Week.

The Committee asked for clarification about the placement of patients within the CWP footprint. Julia advised that CWP had kept people placed within the footprint over the last two years, but staff were working with a higher occupancy rate than guidance would suggest.

The Committee asked for some clarification about recruitment, Julia advised that vacancies are advertised on Facebook as opposed to newspaper adverts because CWP were looking for a mix of skills across the organisation.

Julia was asked why there was an increase in people with no fixed abode, she could not give any reasons why but the data pointed towards an increase for the area.

There was some discussion about the impacts of social media on young people and the effects on their mental health. Julia confirmed CWP were seeing more impacts of social media on young people's behaviour.

RESOLVED:

- (a) That Julia and Audrey be thanked for their presentation and that the Quality Account 2017/18 be received and noted; and
- (b) That Helen Davies Scrutiny Officer submit the official letter of response from this Committee for inclusion with the Quality Account for CWP.

114 QUALITY ACCOUNT: MID CHESHIRE FOUNDATION TRUST

Kate Daly-Brown, Deputy Director of Nursing and Quality and Julie Tunney, Director of Nursing and Quality attended the meeting to present the Mid Cheshire Hospital Foundation Trust Quality Account 2017/18.

Kate advised the Committee that there had been a number of challenges and achievements across the past year. Challenges included Emergency Department (ED) performance (this had reached 87.88% but the national target was 95%), Financial sustainability and the Workforce, it was recognised there was a national shortage of nurses.

Achievements included improvements in Sepsis performance, 11.4% reduction in falls and winning two Patient Experience Network Awards.

Priorities for the coming year included improving the recognition of the deteriorating patient, mortality rates, pressure ulcers, the reduction of inpatient falls and the improvement of end-of-life care.

Kate advised the Committee that on top of the national Friends and Family Test, the Trust carried out 20-30 surveys a year to collect good, qualitative data.

Annually the Trust deal with 88k patients through the Emergency Department (ED), 44k patients were admitted and 260k were outpatients. Last year 1,913 formal compliments were received (an up turn on previous data) and 215 formal complaints were received (a down turn on previous data) some of the complaints were upheld and some were not.

The Committee noted that Leighton Hospital was a small local hospital with a small ED, the number of ambulances had increased but patients were appropriately ill. Kate noted that long term conditions in patients were getting to crisis point.

The Committee asked if the Home First method of care was having any problems for the Trust. Kate noted that often patients are underestimated and they are able to manage themselves at home. Eventually there will be a small cohort who had been at home for a longer period of time and were sicker at the point of entry to hospital.

RESOLVED:

- (a) That Kate and Julie be thanked for their presentation and that the Quality Account 2017/18 be received and noted; and
- (b) That Helen Davies Scrutiny Officer submit the official letter of response from this Committee for inclusion with the Trust's Quality Account.

115 **WORK PROGRAMME**

The Committee considered the current Work Programme. Helen Davies, Scrutiny Officer, noted that the Patient Passport item had been scheduled for 13 September and that the Dermatology item would be added after the meeting.

The Committee expressed an interest in the Local Safeguarding Adults Board (LSAB) and although the performance data was due in September, it was requested that a presentation be brought to this Committee that included further information to any emerging themes for the service. Jill Broomhall, Director of Adults and Social Care agreed to speak with the service.

RESOLVED:

- (a) That the Work Programme be received and noted;
- (b) That Jill Broomhall liaise with the Committee and the LSAB to schedule an item for this Committee.

116 **FORWARD PLAN**

RESOLVED: That the Forward Plan be received and noted.

The meeting commenced at 10.00 am and concluded at 12.15 pm

Councillor B Dooley (Vice-Chairman)